

**Fairfax-Falls Church
Community Services Board
Program Descriptions**

About the Fairfax-Falls Church Community Services Board

The Fairfax-Falls Church CSB is the public agency that plans, organizes and provides services for people in our community who have mental illness, substance use disorders, and/or intellectual disability. The CSB also provides early intervention services for infants and toddlers who have developmental delays.

We are one of 40 Community Services Board in the Commonwealth of Virginia. State law requires every jurisdiction to have a CSB. We operate as part of Fairfax County government's human services system.

Our staff and contracted services providers include psychiatrists, psychologists, nurses, counselors, therapists, case managers, peer specialists, and “behind the scenes” administrative and support staff. We partner with community organizations, faith communities, businesses, schools and other local government agencies in many ways to provide the services people need.

The CSB provides services for people of all ages who have mental illness, substance use disorders, and/or intellectual disability. Most CSB services are primarily for people whose conditions seriously impact their daily functioning. However, anyone with a related concern may contact the CSB for help in finding appropriate treatment and resources.

All children up to age three who have developmental delays and meet certain criteria are eligible for Infant and Toddler Connection services.

CSB Service Areas

Front Door – Services include entry and screening, crisis stabilization, detoxification as well as services to people who are incarcerated or court-involved.

- 1) Engagement, Assessment & Referral
- 2) Jail- and Court-Based Services
- 3) Acute Care Services

Treatment – Services include outpatient and day treatment as well as intensive treatment in residential settings and in the community.

- 4) Community-Based School Transition
- 5) Outpatient Services
- 6) Residential Treatment Services
- 7) Therapeutic Residential Services
- 8) Intensive Community Treatment Services

Community Living – Services include daytime supported employment, group homes, support coordination, education and outreach.

- 9) Community Residential and Contractual Services
- 10) Supportive Residential Services
- 11) Intensive Service / Support Coordination
- 12) Employment and Day Support Services
- 13) Wellness & Health Promotion Services

Front Door

Engagement, Assessment & Referral

The goal of the engagement, assessment and referral service area is to help people get appropriate treatment that meets their needs, and triage people for safety. People may be referred to CSB services, if appropriate, or to community resources outside the CSB. Engagement, Assessment and Referral services include:

- **CSB Entry & Referral Call Center** (703-383-8500, TTY 711) – This is the starting point for accessing intellectual disability, mental health or substance abuse services through the CSB.
- **Assessment and Referral Center** – Provides comprehensive screening, assessment, referral and stabilization services for adults who have or believe they may have an addiction to alcohol or drugs, serious mental illness or a co-occurring disorder. Individuals receiving assessments may be referred for further services within the CSB or receive a referral to a private provider.
- **Engagement Center** – Offers services to people who are reluctant to enter CSB services but who could benefit from medication-assisted treatment (for substance use disorders) and time-limited supportive counseling.
- **Project for Assistance in Transition from Homelessness (PATH) and Hypothermia Services** – Provides outreach services to individuals who are homeless and unsheltered.

Jail- and Court-Based Services

Jail- and Court-Based Services are provided for youth and adults who have problems related to mental illness, substance use disorder or intellectual disability and have come into contact with the juvenile or criminal justice system. CSB staff members deployed to the Fairfax County Adult Detention Center provide services including: assessment, engagement, psychiatric stabilization, suicide prevention, clinical intervention, medication and referrals. CSB staff deployed to the Juvenile Detention Center and various Juvenile & Domestic Relations Domestic Court programs provide court-ordered assessments, clinical interventions and diversion service.

Acute Care Services

For people who have mental illness, substance use disorder, and/or intellectual disability and are in acute distress needing immediate help. Services are provided 24 hours a day, seven days a week, and include:

- Walk-in emergency psychiatric services at the Woodburn Center (3340 Woodburn Road, Annandale).
- One Mobile Crisis Unit that responds to crises throughout the community.
- Fairfax Detoxification Center (4213 Walney Road, Chantilly). Short-term residential substance abuse program for adults to safely detoxify from the effects of drugs and/or alcohol. Services include medical detoxification, buprenorphine detoxification, outreach/diversion and social detoxification.
- Woodburn Place – Crisis stabilization services, an alternative to hospitalization for adults experiencing psychiatric crisis. Provides a structured, supportive environment with 24-hour counseling support to help people gain stability and emotional strength to move into a more independent living arrangement.

Treatment

Community-Based School Transition

- The **Infant and Toddler Connection (ITC)** provides supports and services for infants and toddlers, birth through age 3, who have a developmental delay or a diagnosis that may lead to a developmental delay.
- **Infancy, Early Childhood and Pre-Adolescent mental health services** for at-risk infants, toddlers, preschoolers and pre-adolescents (children from birth to age 12) and their parents. Services support and guide parents and treat children who are developmentally compromised, have a serious emotional disturbance or are at risk of serious emotional disturbance.

Outpatient Services

For **adolescents** and **adults** who have mental health and/or substance use issues.

Family-focused services for adolescents include assessment, therapy, case management services, and day treatment.

Adult outpatient services include:

- psychosocial education
- individual and group counseling for people with substance use disorders
- day treatment
- continuing care services
- partial hospitalization (daytime/4 times per week)
- community readiness and support program for people who need help with activities of daily living, social skills training and other aspects of integrating with the community.

Residential Treatment Services

Comprehensive services for youth and adults include: individual, group and family therapy; psychiatric services; medication management; case management; and continuing care services to assist with transition back to the community.

Services are provided in residential treatment settings matched to the level and duration of care the individual needs. Include intermediate and long-term treatment with 24-hour staffing, as well as supervised treatment services with staffing 12-18 hours per day.

Specialized treatment services are provided for people with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish.

The residential treatment service area includes the following programs:

- **A New Beginning** – Residential substance abuse treatment/rehabilitation program for adults with substance use disorders or co-occurring substance use and mental health disorders.
- **Crossroads Adult** – Residential substance abuse treatment/habilitation program serving adults with substance use disorders or co-occurring substance use and mental health disorders.

- **Crossroads Youth** – Residential substance abuse treatment/habilitation program serving male adolescents with substance use disorders or co-occurring substance use and mental health disorders. Includes an on-site public school.
- **Leland House** (contracted service) – A public-private partnership with United Methodist Family Services and the county's Community Policy and Management Team. Leland House is a crisis care facility that serves youth ages 12-17 who are in a psychiatric crisis or who need step-down services from an acute psychiatric setting.
- **New Generations** – A residential treatment program for women who have a substance use disorder and/or co-occurring substance use and mental health disorders. Women entering New Generations are pregnant, or enter with their child 4 years or younger, or are in a parenting relationship with a child who resides elsewhere.
- **Sojourn House** – A community-based residential program for girls aged 12 - 17 who are experiencing significant mental health difficulties and co-occurring disorders. Includes an on-site public school. Length of stay is individualized to meet the needs of the youth. Includes both a 90-day community reintegration program and a 6-12 month program.
- **Steps to Recovery** – Residential treatment program for adults with substance use disorders or co-occurring substance abuse and mental health disorders. Services and supervision are offered daily and focus on community reintegration and recovery life skills.
- **Phoenix House of the Mid Atlantic** (contracted services) – Residential, transitional and outpatient services for adults and adolescents who have substance use disorders or co-occurring substance use and mental health disorders.

Therapeutic Residential Services

Therapeutic residential programming includes a comprehensive range of services for adults in residential treatment settings, matched to the level and duration of care needed. Services include:

- Individual, group and family therapy
- Psychiatric services
- Medication management
- Case management
- Support services/independent living skills training.

Programs include intermediate treatment, transitional group homes, and supervised apartment/town home programming. Integrated care is provided for people with co-occurring substance use and mental health disorders.

This service area includes the following programs:

- **Cornerstones** – Highly intensive, long-term residential treatment program for individuals with both a serious mental illness and a serious substance use disorder who require integrated and intensive treatment. A community-based apartment program is also available.
- **New Horizons** – Highly intensive, long-term residential treatment program and community-based apartment program providing individualized treatment and support services for adults diagnosed with mental illness and a substance use disorder. This program focuses on recovery and community re-integration.
- **Residential Intensive Care - Comprehensive** – Community-based, intensive supportive housing program for persons with severe mental illness or co-occurring substance use and mental health disorders. These services are not time-limited.

- **Group homes** – Small group home treatment programs and community-based apartment programs with co-occurring capability provide a range of services for adults who have a serious mental illness, some of whom are being discharged from hospitals to the community. Group homes provide a structured, supportive environment from which residents can later transition to a more independent living situation.

Intensive Community Treatment Services

Intensive community treatment services are available for people with acute, complex needs who require outpatient services provided in their daily environment rather than at a behavioral health services site.

Programs include:

- **Intensive Community Treatment (ICT) teams** work with people who have serious mental illness and/or co-occurring substance use disorders, many of whom are homeless. The goal is to engage the individual in services to improve their quality of life and prevent hospitalization, incarceration and homelessness. Services include: case management, wraparound services (help with housing and other basic needs), mental health supports, medication management and crisis intervention.
- The **Program for Assertive Community Treatment (PACT)** is similar to the Intensive Community Treatment Team and provides services 7 days/week.
- The **Intensive Care Coordination (ICC) team** works with youth who are at risk of out-of-home placement and their families, helping them get needed services so the youth can continue to live at home. If placement outside the community is necessary, the ICC team helps the family develop the supports needed to ensure their child's safe, successful return home.

Community Living

Community Residential and Contractual Services

- Directly-operated and contracted congregate and residential services for persons with intellectual disability, and
- Contractual long-term care residential services for persons with intellectual disability and/or serious mental illness.

Most of these residential services are provided through CSB partnerships with approved private providers under contract management oversight provided by the CSB.

Services include:

- Assisted living for persons with serious mental illness.
- Individual long-term community-based residential placements.
- For persons with intellectual disability: group homes, supervised apartments, drop-in sponsored living, respite care.

Supportive Residential Services

Supportive Residential Services are provided to individuals in community-based living situations. Services can include: assessments, case management, support services, and psychiatric medications.

Services can be provided at the local behavioral healthcare site or in individuals' homes. People receiving these services may be living in apartments or homes that the CSB leases, or they may have their own leases.

Intensive Service / Support Coordination

Intensive Service/Support Coordination, also known as “targeted case management,” provides a long-term, intensive level of service and support coordination for individuals with intellectual disability, serious mental illness, serious emotional disturbance, and/or severe substance use disorders, and for those who are at risk of serious emotional disturbance and/or substance use disorders.

Services include: assessment; collaborating with individual to develop and monitor a service plan; identifying family and community supports; counseling; crisis intervention; intake and discharge planning; helping people access publicly-funded and community-based services outside the CSB.

Wellness & Health Promotion

Wellness & Health Promotion Services engage and involve the community in activities to strengthen emotional health and build community capacity to handle complications related to substance use and mental illness. Services are provided throughout the county and include classes, workshops, brief screening and intervention, and awareness-raising campaigns.

Current activities focus on priorities identified by the CSB and the community, including: suicide prevention, mental health promotion, underage drinking, tobacco cessation/prevention, primary health care integration, peer support, and safe handling of medications. Programs include: Mental Health First Aid , Girl Power, Leadership & Resiliency Program, Too Good for Drugs, Road DAWG, Al's Pals: Kids Making Healthy Choices, and ACT Against Violence: Parents Raising Safe Kids.

Employment and Day Support Services

Employment and Day Support Services provide multiple levels of supported employment and day support services for people with intellectual disability, serious mental illness, and/or substance use disorders. The CSB directly operates some services, such as the Cooperative Employment Program, while others are contracted. Partnerships are key -- the CSB coordinates with partner agencies (including the Virginia Department of Rehabilitative Services and many others), private businesses, and nonprofit community organizations to provide these services.

Day support services are day activities that may include learning independent living skills, enhancing personal activities of daily living, developing pre-vocational skills, and peer-run recovery “drop in” centers.

Employment services may include job placement (which for some individuals may be in a group or facility-based setting) and employment service coordination. Depending on an individual's needs, various levels of ongoing support can be provided.

For more information about CSB services, visit <http://www.fairfaxcounty.gov/csb/services/>

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call 703-324-7000, TTY 711.

EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS WITH DEVELOPMENTAL DELAYS

DESCRIPTION OF SERVICE:

The Infant and Toddler Connection (ITC) is a statewide program that provides federally-mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). ITC provides family-centered intervention to children aged birth to three years who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. Families may receive (at no cost to them): a screening to determine eligibility; service coordination; and staff assistance in developing an Individual Family Service Plan (IFSP). Through public and private partnerships, ITC provides services such as physical, occupational and speech therapy and developmental services. Families pay for these IFSP services through fees, insurance and Medicaid. These revenues do not, however, cover the full cost of the services.

STATE OR FEDERAL MANDATE, AND LOCAL IMPLEMENTATION OF MANDATE:

This is a federally mandated, State managed program that contracts with local governments for implementation of the mandate. The CSB serves as local lead and fiscal agent. The Commonwealth of Virginia contracts with 40 local systems of which Fairfax-Falls Church is the largest.

Technically children are enrolled and tracked at referral within both the CSB Consolidated Online Data Entry (CODE) and the State Infant and Toddler Information System (ITOTS) databases. The law requires that an assessment for service planning be completed within 45 days of referral for everyone referred. Staff attempts to comply with this requirement for all referrals.

State Transformation: In October 2009, the State initiated a transformation of its Early Intervention system. Of particular note:

- Virginia went to a “fee-for-service” system and set standard rates statewide, based on a statewide cost study, refusing to allow a Northern Virginia upcharge.
- Medicaid funded by paying \$150/hour of therapy services and assessments and \$110 for developmental services.
- To operationalize the transformation on the local level, ITC competitively rebid its contract for therapy providers, increased quality assurance requirements, and changed terms to match the State.

FUNDING STREAMS:

The ITC has a Fund 106 base budget which is funded with County tax support, local share allocations from the Cities of Fairfax and Falls Church, and revenues generated from fees paid by families, insurance payments and Medicaid. In addition, as is the case for several other CSB services, the ITC has a Fund 102 grant budget which is funded with State and Federal monies through the Virginia Department of Behavioral Health and Developmental Services for the Part C program. The unpredictable ITC revenues are those generated from fees charged for its services. All of the other funding streams are formal allocations and are established in advance of July 1. Several times during FY 2012, ITC requested additional Federal funds to supplement their Fund 102 grant award, based on service growth. Each time, the request resulted in a supplemental award, with the final supplemental allocation announced on April 20, 2012.

Shown below are the combined totals of Fund 106 and Fund 102 revenues that support the expenditure plan of ITC. The FY 2010 and FY 2011 figures are actuals while the FY 2012 figures reflect the forecast. The FY 2013 figures have been adjusted to reflect the preliminary Federal and State Part C grant awards and include an early spending forecast.

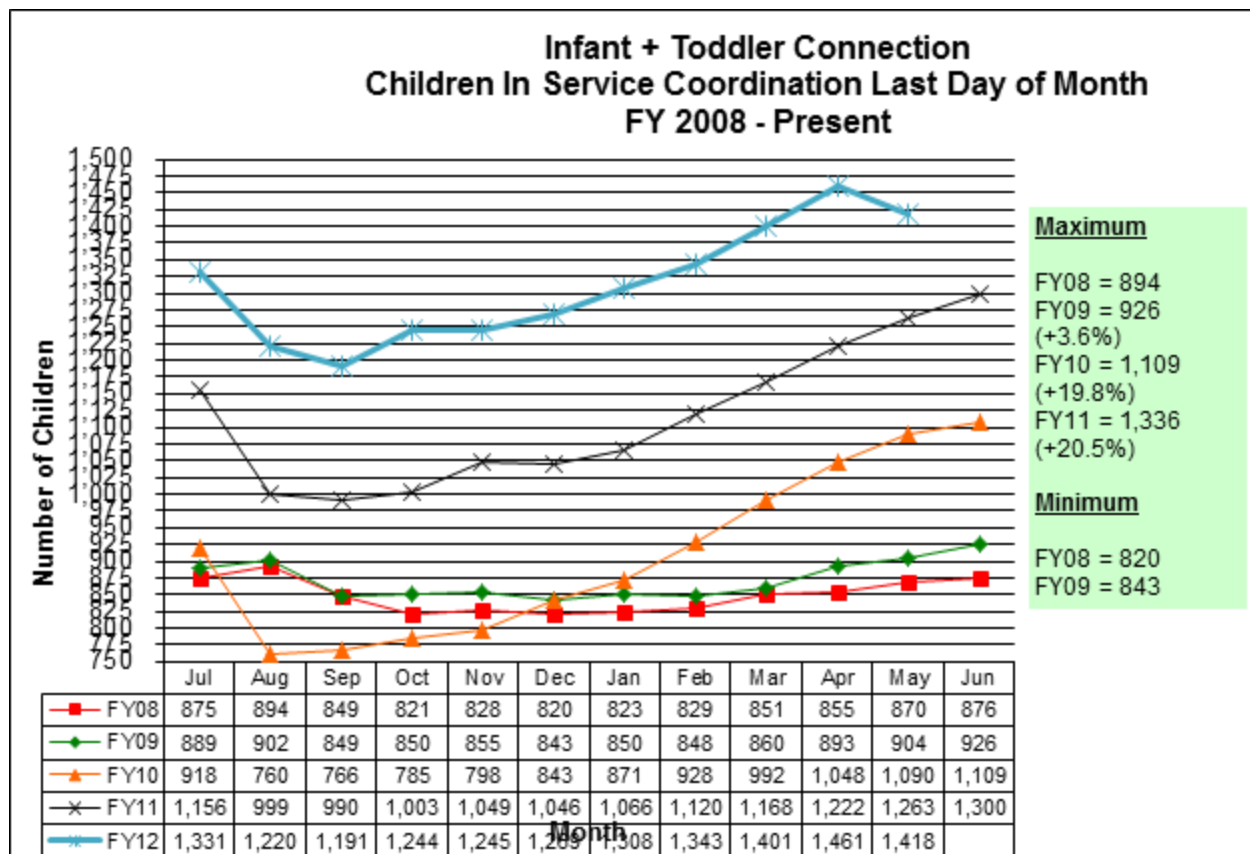
Funding Streams (Fund 102 and Fund 106)	FY 2010 Actual	FY 2011 Actual	FY 2012 revised	FY 2013 adjusted
Forecasted Spending	\$6,465,039	\$9,184,334	\$9,058,021	\$9,968,753
Federal Part C- Fund 102	\$1,101,049	\$1,354,340	\$897,059	\$1,517,484
Federal ARRA – Fund 102	589,400	537,140	396,566	0
Federal non-recurring supplements – Fund 102	0	0	1,159,234	0
State Part C – Fund 102 (also includes within-year increases)	848,758	1,027,686	1,162,912	1,506,518
Fed/State Subtotal	\$2,539,207	\$2,919,166	\$3,615,771	\$3,024,002
County Tax Support – Fund 106	\$2,856,008	2,994,073	2,545,745	2,802,349
Medicaid Early Intervention (EI) Services and Private Insurance reimbursement	469,693	2,235,362	1,844,475	2,100,414
Medicaid Targeted Case Management (TCM) reimbursement	430,692	728,995	620,914	620,914
Family Support	92,308	128,295	241,809	260,869
Cities of Fairfax and Falls Church – Fund 106	59,753	59,753	59,753	60,948
Total Revenues to Support Spending	\$6,447,661	\$9,065,644	\$8,928,467	\$8,869,496
Variance	(\$17,378)	(\$118,690)	(\$129,544)	(\$1,099,257)

GROWTH:

Growth in the number of children has been steady. Possible reasons for the growth are:

- The state suggests that 2% of all children between the ages of birth to three years old would have a developmental disability or developmental delay and be eligible for ITC.
- Population growth, increased collaboration with pediatricians and hospitals, and other outreach efforts have contributed to awareness of the program and increased referrals.
- In the 2009-2010 school year, Fairfax County Public Schools halted rolling admission for two year olds. This meant that children who turned two years old on or after October 1 would have to wait until the following September to attend FCPS.

As of June 1, 2012, there were 1,418 children in the ITC system receiving service coordination. Targets for service coordination caseloads are 40 to 45 children per coordinator, but many are managing higher caseloads.



CONTRACTED SERVICES:

ITC staff performs evaluations, service coordination, social work services, and a small percentage of early intervention services (physical, speech and occupational therapies). The majority of the early intervention services are contracted to four primary vendors based on competitive bids and several independent vendors based on language needs. The combined expenditure plan (Fund 106 and Fund 102) reflects nearly a 50/50 split between ITC payroll and ITC contracted services. Shown below is a table depicting the growth in contracted services since FY 2010.

SERVICES PROVIDED BY CONTRACTED VENDORS

	FY 2010	FY 2011	FY 2012 -through May
Visits	14,200	29,816	22,282
# of Children monthly/year	4,584	9,007	8909
Contracted Vendor Payments	\$1,800,395	\$3,758,175	\$3,364,720
Cost Per Child	\$412	\$417	\$381
Services Per Month per Child	3.10	3.31	3.04

CHALLENGES:

The demand for ITC services has grown tremendously. The average monthly number of children receiving IFSP services increased from 789 in FY 2010 to 1,144 in FY 2012. Even with the significant increases in ITC revenue collections from Medicaid and insurance, the demand for ITC services is projected to exceed all funding allocations. As part of FY 2012 Third Quarter Budget Review, the County authorized the increase of expenditure authority comensurate only with the increase *already realized* in fee revenue collections from third party payers.

By March 2012, the CSB was forecasting a \$1 million deficit and no guaranteed relief from the State. The CSB notified County officials in February and families in March that a wait list was required. On April 9, 2012, another supplement of non-recurring federal funds was allocated by the State to the ITC in the amount of \$559,234. By April 20, the State increased its supplement to \$834,678 which, in combination with some contracted savings garnered during the wait list period, would close 83% of the FY 2012 budget gap. In total, the three separate supplemental awards to the ITC in FY 2012 totaled \$1.5 million.

It was anticipated that the one-time supplements awarded in FY 2012 would not become part of the permanent award in the subsequent fiscal year. When the CSB forecast was first released in early March, the State allocations were not known and the preliminary FY 2013 projection was a deficit of \$1.0 million in needed revenues to support level-caseloads. By early May, the State published its preliminary allocations for FY 2013 with the CSB getting \$3.0 million, or \$0.6 million less than the total Federal/State allocations passed through to ITC in FY 2012. As shown in the Funding Streams table, this means that the ITC starts FY 2013 with a deficit of at least \$0.6 million based on level-caseloads, which would require a bend in the program's trend-line.

WAIT LIST:

- At the May 22 meeting of the Board of Supervisors, the CSB was granted authorization to resume referrals for early intervention services beginning June 1 as State funding is available.
- CSB staff will continue to appeal to the State for additional funds for this program in FY 2013.

Several cost-containment strategies were employed by the ITC managers in late summer 2011 based on the projected service demand. While these strategies were effective, limiting enrollment – the least desirable strategy -- was necessary to stay within available revenues, as noted above. **A description of the limited enrollment follows, but as noted above, it ended June 1.**

- Every child who was assessed after March 19, 2012, was on a wait list for the early intervention services that were recommended by their team and are reflected on their plan. By early May, there were 165 children on the wait list. These families are given a list of private providers they can access in the community but they take full responsibility for calling them and finding those services which are not early intervention services and no funding is provided to the family for them to access the services.
- All new children would get the assessment for eligibility and an assessment for service planning. Every family is assigned a service coordinator to manage the family's case from referral through assessment, while receiving early intervention services, through transition out of the program, and/or during the time they are on the wait list.

- Children on the wait list did not receive any early intervention services until it is determined that the funds are available to pay the contracted vendors for those services.

The wait list was implemented for all families regardless of their ability to pay or health insurance benefits. This has to do with the decision to treat all families with the same standard of care regardless of funding. This is one of the principles that ITC adheres to when providing services and felt it was most ethical to adhere to the same principle regarding limited or stopping services. Children and families receive a service from ITC that is not the same as what they can receive in the community.

- ITC receives an average of 150 intake calls a month
- There are 23 new families found eligible each week and 10 that leave the program. This is a net increase of 13 new families on average a week seeking services.
- For existing families, no new early intervention services can be added to the service plan. There are 9 children whose situation warranted an increase in services but are not receiving them because of lack of funds.
- A family that receives an assessment, a plan of services and an assigned service coordinator, and then decides to go arrange for services privately, can stay on the ITC wait list. The Individual Family Service Plan (IFSP) is valid for a year. Even if they leave a family can come back and reactivate an IFSP.
- Should a family come off the wait list, it would have the option to get early intervention services. The ITC offers a home based coaching model where families are taught strategies to help their children develop. Private services are likely to be a clinic setting in which therapy is done only to (with) the child.

EMPLOYMENT AND DAY SUPPORT SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITY

DESCRIPTION OF SERVICE

Employment and day support services provide assistance and training to improve individual independence and self-sufficiency, and/or to obtain employment training and support to enter and remain in the workforce. Services for individuals with intellectual disability are provided primarily through contracts with private, nonprofit agencies; however, the **CSB**, in close collaboration with the **Virginia** Department of Rehabilitative Services (DRS), also directly operates the Cooperative Employment Program (CEP), which provides supported employment services to approximately 130 individuals annually.

Recipients of local funding for employment and day support services must be age 22 or older; have a confirmed diagnosis of intellectual disability (ID); be determined eligible for services by CSB support coordinators; and no longer have eligibility for services in a public or private school system in Fairfax County. In FY 2011, 1,251 individuals with ID received employment and day support services.

Day support services are day activities that may include learning independent living skills, enhancing personal activities of daily living, and developing pre-vocational skills. Employment services may include job placement (which for some individuals may be in a group or facility-based setting) and employment service coordination. Depending on an individual's needs, various levels of ongoing support can be provided.

Employment and day support services enable individuals to: continue and enhance the employment and social skills they acquired while in school; earn wages and benefits for the work they perform; pay taxes on their earnings; and contribute and participate more fully in their communities. For FY 2011, the average annual earnings for 574 surveyed individuals receiving contracted supported employment services were \$9,202, and their total gross earnings totaled \$5.3 million. For 132 of the individuals in CEP, average annual earnings were \$17,471; total gross earnings totaled \$2.3 million. This service also assists the families of individuals with ID (especially families of individuals who have severe medical or behavioral needs) by providing a safe and engaging environment for their family member during the day. This assistance enables the other family members to participate in their own gainful employment outside of the home and other activities of daily family living.

A small percentage of persons receiving these services receive County supported transportation services either through FASTRAN or purchased from a contracted provider.

STATE OR FEDERAL MANDATE, AND LOCAL IMPLEMENTATION OF MANDATE

- The CSB is not mandated by federal or state law to provide employment and day support services. The commitment to this service provision is via the CSB mission, cooperative agreements, and the establishment of a regional contract for services.

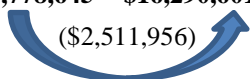
CONTEXT OF SERVICE IN REGION

- Employment and day support services are typically provided by CSBs throughout the region and throughout the state. Employment services are provided statewide by the Virginia Department of Rehabilitation Services.
- Fairfax County administers the competitive procurement process for the region. The current regional contract for these services ends June 30, 2014.
- A cooperative partnership with Fairfax County Public Schools provides for a smooth transition of employment and day support services after graduation.

FUNDING STREAMS

- Approximately \$14 million of County funds supports the employment and day support services. In addition, County participation in these services leverages over \$10 million in Medicaid reimbursements paid directly to the contracted providers of ID employment and day support services throughout the Northern Virginia region.
- Payment for these services to the contracted providers is provided by the County, by fee-for-service under the Medicaid Waiver, or a by combination of the two.
- The budget gap has widened between the annual local adjustments in the employment and day support contracts budget to accommodate vendor rate increases and the cost of services not covered with Medicaid Waiver funding.
- Since FY 2003, there have been two additional awards of County funds for special education graduates. FY 2005: \$54,000. FY 2012: \$637,500. These awards were in addition to increased funding provided by the County for day support contract rate adjustments, which have been the primary driver of cost increases over the last several years.
- Charging for the service has been analyzed a number of times with the resulting fee collection not covering the cost of the collection process. The persons served are independent adults most of whom have few financial resources available for fee collection. There is co-pay for the few individuals who receive transportation services from the program.

The following table details the contracted and CEP program budget since FY 2011. Note that the FY 2013 Adopted Budget is \$2,511,956 less than the projected amount needed.

	FY 2011 Actual	FY 2012 Budget	FY 2012 Forecast	FY 2013 Adopted ^{2/}	FY 2013 Forecast
Employment & Day--Contracted ^{1/}	\$13,724,038	\$13,288,054	\$14,400,000	\$13,288,044	\$15,800,000
Cooperative Employment Program- CSB direct	502,937	478,213	461,536	490,601	490,601
Employment & Day-Combined Total	\$14,226,975	\$13,766,267	\$14,861,536	\$13,778,645	\$16,290,601
				 (\$2,511,956)	

^{1/} Excludes \$529,000 operating cost of maintaining a commercial lease at 3855 Centerview, Chantilly, to address service capacity in West County.

^{2/} Excludes \$399,538 in FY 2013 for the County Executive proposed contract rate adjustments.

DATA

Month	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	1/12	2/12	3/12
Persons Served	1250	1253	1250	1251	1249	1249	1248	1248	1252	1257	1256	1255

- There are on average over 100 FCPS special education graduates each year who depend on employment and day supports from the County. This yearly need has been fairly consistent.
- In November 7, 2011, the CSB instituted a wait list for new individuals to access employment and day support services. These are individuals who requested service outside of the graduate program. It should be noted that all 2011 ID grads are receiving services. To date, 20 persons are waiting for services.
- In June 2012, there are 118 new special education graduates turning 22 years of age who are eligible for employment and day support services. Of the 118 graduates, 25 moved, declined, did not respond, or were found ineligible. With respect to the remaining 93 graduates:
- **29** graduates have a definite funding source for the employment or day support service:
 - 17 have approved Medicaid Waiver slots
 - 12 will be served in the CSB's Cooperative Employment Program (CEP) at no additional cost.
- **64** graduates have been found eligible for services and have met with ID support specialists to review service options but do not have a definite funding source. **The CSB estimates a cost of \$1.3 million to serve these 64 individuals in FY 2013.**
- **An additional \$1.2 million is required to serve those individuals currently in an employment or day setting. This makes the total budget requirement for FY 2013 an additional \$2.5 million.**

- At the May 22, 2012, meeting of the Board of Supervisors, authorization was granted to initiate **employment and day support services for 19 (of the 64) new high school graduates with intellectual disability who have urgent needs upon graduation.** Risk assessments were performed for all 64 June 2012 graduates for whom additional local funding has not yet been identified. The assessments concluded that there are 19 individuals with serious medical or behavioral needs or who did not have any alternatives even in the short-term to the graduate program, who should not experience a significant wait in starting day services. Based on these assessments staff has continued with the transition process of placing these individuals without delay. Initiation of services for these individuals would constitute exceptions to the CSB wait list that had been imposed as a budgetary control. The additional cost to serve these 19 individuals should not exceed \$580,000.
- Funding for services for the remaining 45 graduates will be raised as part of the budget plan to be presented to the Board of Supervisors prior to the FY 2012 Carryover Review.
- It should be noted that it is not unusual for there to be a delay in CSB services for graduates. Often this service starts in the fall, consistent with the start of the new school year.

CHALLENGES

- As noted above, in November 2011 the CSB instituted a wait list for employment and day support services. There are two exceptions. The CSB is not placing individuals on the wait list who get a Medicaid Waiver or who transfer into the County from another CSB with a Waiver.
- For the remainder of FY 2012, the wait list will remain in effect. To date, 20 persons are waiting for services.

- A vocational risk assessment tool that was developed in house and modeled on the Waiver risk assessment for people on the urgent needs list is being used to help staff evaluate and place priority on offering services as opportunities come up through attrition.
- Services for individuals who move between jurisdictions are being evaluated on a case-by-case basis.
- There is no moratorium on changing service levels, e.g., sheltered employment, for persons currently in day support or employment services, but such changes are requested infrequently.
- The CSB has continued to provide transition service for students with ID who are soon to graduate. This valuable service offers benefits for the graduates and their families beyond the contracted employment and day support services contracted through the CSB. The transition service is performed by three ID support coordinators. An underpinning of the transition service is the arrangement for a trial attendance of 3 to 4 days in a day program. Also of note, the transition service is critical to maintaining a strong partnership with both the Fairfax County Public Schools and the Virginia Department of Rehabilitative Services.
- Individuals have received employment supports and/or day support for many years. Some have been employed for over 30 years as a result of these services. Employment and employment maintenance for individuals with ID is contingent on provision of the above services.
- Individuals with ID depend on these services for employment and/or day support. The service not only enriches the lives of the persons receiving the service, but also enriches our community. Employment or day support in many cases allows another family member to have a job themselves, also enriching the community.
- Generally, Medicaid Waiver reimbursements to Northern Virginia service providers are inadequate to cover the cost of the service provided. **Claims are submitted to the contractors to Medicaid** for covered vocational services and are reimbursed at the allowable rate per unit (1 unit = 1 to 3.99 hours, 2 units = 4 to 5.99 hours).
- The loss of benefit from the Virginia Department of Rehabilitative Services (DRS) has increased local spending for eligible new graduates. In correspondence dated 3/1/2011, DRS stated that they *"have determined that effective March 1, 2011, (we) will need to close all client categories under our Order of Section policy."* In effect, DRS can open and close Priority Categories based on its available resources. By closing all categories, it disproportionately affects new graduates who would be eligible for intensive developmental services primarily under Priority Category 1 (persons who have a significant disability that results in serious functional limitations in three or more functional capacities) and Priority Category 2 (persons with a significant disability that results in serious functional limitations in two or more functional capacities.). This situation continues for the foreseeable future.
- The FY2013 Adopted Budget funding for CSB Employment and Day Support Services for persons with intellectual disability (ID) is approximately \$2.5 million less than what is projected as needed to serve 1) individuals receiving services currently; 2) those in the community on a wait list for services, and 3) individuals with ID receiving services currently through the school system but who will age out of school in June 2012. Of this \$2.5 million, approximately \$1.2 million is needed to sustain services to current service recipients and \$1.3 million is needed to provide services to the June 2012 graduates.
- To address this shortfall, the Intellectual and Developmental Disabilities (IDD) Workgroup of the CSB Board held two meetings attended by the public and considered four cost reduction options presented by CSB staff. These were: 1) limit the total funding per year per person (reducing services) to either some or all current recipients, 2) implement furlough days (reducing services) for all service recipients, 3) eliminate or reduce program enhancement funding paid by the CSB to service providers for persons who have Medicaid waivers, and 4) add the June 2012 special education graduates to the community wait list.

- The IDD Workgroup decided not to support across-the-board or extensive reductions in program enhancement funding to providers because of the negative impact on consumer health and safety and service viability. Examples of program enhancement services include: skilled nursing; tube feeding - medication – hydration; behavior supports and specialists; occupational, physical and speech therapies; and environmental and adaptive equipment.
- The IDD Workgroup made the following recommendations:
 1. Add the June 2012 graduates who are in need of local funding to the community wait list until funding of approximately \$1.3 million becomes available either through program attrition, additional revenue identification, and/or other on-going management efficiencies by the CSB and private providers. [Note: Since the time of the Workgroup recommendations, it was determined that 19 of the June 2012 graduates cannot wait for services and thus will have employment and day services initiated as early as July 1.]
 2. Manage the ongoing structural deficit of approximately \$1.2 million through the required contract amendment process with each provider organization individually, in an effort to best minimize the negative impact to current service recipients, provider service capacity, and provider fiscal and program viability. The IDD Workgroup acknowledged that without increased funding, there will be reduced service capacity which could extend the time that individuals are on the community wait list and that some individuals may not be able to be served at the current level or by the same provider.
 3. Explore with individuals, families and providers the development of alternative service models that may provide for increased choice and decreased cost to the County. Examples could include: 1) exploring a clubhouse model for individuals with Medicaid Waivers utilizing Medicaid-funded personal attendants, 2) increasing self-directed services options, and 3) exploring other County generic adult day support options for individuals who are aging and for whom this would be an appropriate alternative.

NEW HORIZONS TREATMENT CENTER

Description:

New Horizons is a highly intensive, long-term residential treatment program and community-based apartment program providing individualized treatment and support services for adults diagnosed with a severe mental illness and a substance use disorder. This program focuses on recovery and community reintegration.

The intensive residential treatment component of the program focuses on education about substance use and mental health problems, developing coping skills, vocational/educational skill development, illness self-management, medication management and the development of life skills to enhance the individual's ability to live independently in the community.

The aftercare component provides a continuum of services plus an opportunity to implement skills learned during treatment. The program goal is to support individuals in their recovery process so that they can live successfully in a community setting they choose.

New Horizons is receiving staffing support from other CSB programs to enable the program to continue to manage through the hiring freeze. This support will allow the program to work toward full capacity this summer. Currently 8 individuals live in the treatment center and 12 in aftercare apartments.

Services include: ongoing assessment, education and support for independent living skills, medication management and monitoring, group and individual psychotherapy, treatment for substance use and mental health disorders, recreation and social activities. Case management services are also provided, including linkages to day treatment, self-help groups, vocational and education programs, benefits, health care and housing. Staff support is provided for program graduates moving to the off-site apartment program. Peer-to-peer and family support are also provided.

History:

The Board of Supervisors acquired the 8247 Gregory Road property in Lee District in 1985 from the Virginia Department of State Police. After substantial renovation, and a Public Use Determination, the CSB opened an intensive mental health crisis care program licensed for up to eight residents. In November 2003 the Mental Health Crisis Care Program moved to the former Fairfax House location near Woodburn Center, leaving a vacated county owned facility for another use.

At the time, the CSB operated two co-occurring treatment homes in the southern part of the County – both of which were privately owned and leased. Based on waiting lists and special facility/housing needs, staff recommended redevelopment of the 8247 Gregory Road facility. The CSB proposed to convert the site to a 16- resident treatment facility for individuals with co-occurring mental illness and substance use disorders by consolidating the two existing group homes – *Franconia Road Treatment Center* and the *Residential Extensive Dually Diagnosed (REDD)* – MH/SA group home. As designed, this change would occur in two phases, beginning in late 2003 by moving six residents to the site and closing one group home (*REDD*), then site design would be completed with construction for substantial renovation to be completed by Spring FY 2005. Funding for additional new construction on the site (0.9 acres) would

accommodate the closing of the second privately leased relocated group home (*Franconia Road Treatment Center*). The proposal with both phases was approved and included in the County's FY 2005-2009 Capital Improvement Program as Project No. 311/04A002.

The groundbreaking occurred in 2009 and the Gregory Road renovations were completed in the summer of 2010. The 16-bed co-occurring facility opened its doors to service later in 2010.

Funding:

In FY 2012, the budget for New Horizons is \$1.4 million, with 62% of its revenue base from County Tax Support and 35% from State General Funds (No longer earmarked for residential treatment, these State funds can be reallocated by the CSB among other mental health services.) The balance of its revenues comes from self-pay for residential room-and-board charges and Medicaid / Medicare reimbursement of covered services. Residents are expected to contribute 30% of their monthly income while in the treatment facility.

SOJOURN HOUSE

Sojourn House is an 8 bed community-based group home for girls aged 12 - 17 who are experiencing significant mental health difficulties and co-occurring disorders. The typical length of stay ranges from 6 - 12 months. Sojourn House is an approved Medicaid Level B provider. There are no current alternatives to Sojourn House within Fairfax County; this is the only local program. Nearest comparable girls-only programs are:

- Youth for Tomorrow, located in Bristow, Virginia (not currently credentialed to serve youth with serious mental illness diagnoses)
- Intercept and the Outreach House for Girls – Richmond, Virginia
- The Phoenix House for Girls – Arlington, Virginia (primarily focused on substance abuse treatment or co-occurring behavioral health disorders)

Evidence-based practices (EBP) are that it is in the best interest of children to remain in community and in a least restrictive environment, with ongoing clinical and family supports offered to the child and family. Staff have also received training in several EBPs including trauma-informed care and integrated co-occurring service delivery models that address concerns specific to this population.

Sojourn House has an on-site school and offers the opportunity to return to regular public school classes when appropriate. Heavy emphasis is placed on raising the level of independent functioning to permit the youth to live successfully in less restrictive - more normalized settings.

Options:

- All opportunities for contracting residential, treatment and case management will be investigated and those that are viable options pursued.
- Analysis will be completed to consider alternative models of residential programming in order to meet service needs, increase revenue and best serve this unique population.
- Analysis would be required to determine the level of savings to be achieved by maintaining this resource in the Fairfax community but managed by a private provider. Savings to CSB would include reduction of direct operations personnel, offset by contractual costs. Funding sources could continue to include the CSA.

Sojourn House Admission Criteria:

ADMIT	DO NOT ADMIT
ALL YOUTH ADMITTED MUST HAVE FUNDING APPROVED. Residents of Fairfax County and Cities of Fairfax and Falls Church given priority.	Youth with no approved funding.
Female	Male
Age 12 - 17	11 and younger, 18 and older
Symptoms of Serious Emotional Disturbance (e.g. mood disorders, depression, PTSD/trauma, anxiety disorder, etc.)	Significant behavioral disturbance in the absence of underlying mental health condition
Disturbance in conduct as the result of underlying emotional disturbance	Significant Conduct Disorder in the absence of underlying emotional disturbance
Demonstrates pro-social value system or willing to struggle to fit into pro-social value system	Does not demonstrate pro-social value system nor willingness to adopt pro-social value system
Past history of assaultive and disruptive behavior towards peers, family members, professionals and/or others AND demonstrates remorse for actions.	Extreme aggression that cannot be managed in the community based setting. Aggressive behavior without remorse. Assault on police officer on a case-by-case basis.
Evidence of delusions, hallucinations, thought disorder	Unregulated psychosis
History of suicidal ideation and gestures	Active suicidal ideation with intent and/or plan
Self injurious behavior/self-mutilation	Clearly unwilling/unable to commit to safety
Co-occurring mental health and substance abuse disorders with commitment to own recovery	Co-occurring substance use disorder with little or no commitment to own recovery. Substance use disorder with no/low co-occurring mental health disorder
History of running away – running away FROM something	History of running away/AWOL – running away TO something (e.g. drugs, street life)
No gang involvement. History of gang involvement with commitment to leave gang life on a case-by-case basis	Active gang involvement or plans to return to gang life

ADMIT	DO NOT ADMIT
Past history of homicidal ideation	Active homicidal ideation with intent and/or plan
History of occasional impulsive property damage. Demonstrates remorse for actions.	Significant history of property damage. No remorse for actions.
Sexually reactive behavior	Manifestations of current criminal sexually assaultive, abusive, or predatory behavior.
Past history of fire setting with no recent incidents. History of playing with fire with no fires set.	Clearly unwilling/unable to commit to safety – active fire setting behavior
Co-occurring medical conditions that can be managed in a community-based setting	Significant co-occurring medical conditions or personal care needs that cannot be managed in the community based setting. Pregnant girls will be referred to program for pregnant girls.
IQ 85 and above, IQ 71 – 84 on a case-by-case basis – based on ability to integrate into peer group/benefit from milieu	IQ 70 and below. Youth who cannot integrate into peer group or benefit from milieu
Willing or ambivalent about admissions	Treatment/placement refusal

History:

The program at 5120 First Road in Fairfax appeared as “First Stop” on the Department of Housing and Community Development’s records as they acquired the property for the CSB. In the 1990s, the program had changed its name and design to Braddock Crossing. Braddock Crossing was the CSB’s co-ed diagnostic group home for adolescents; youth were placed for a 90-day diagnostic evaluation in order to best determine their needs. In FY 2002, additional resources were added to Braddock Crossing from the closure of the Oakton Arbor adolescent group home – this included clinical staff and psychiatric hours. At this point, Braddock Crossing went being from a group home costing less than \$500,000 annually to over \$700,000 annually, with the majority of its revenue base still coming from funds for services to youth in foster care. According to current records, the program again changed its name and design in FY 2003 to Sojourn House.

Funding:

The FY 2012 budget for Sojourn House is \$1.0 million, of which 36% of its revenue base is expected from County Tax Support and 64% from a combination of fee reimbursements as discussed below.

The residential program on the property was originally funded with State/Federal Title XX funds for youth in foster care. The Title XX funds were blended into the Federal Social Services Block Grant (SSBG) funds at the State level (also for youth in foster care.) With the establishment of the Comprehensive Services Act (CSA) for At Risk Youth and Family in 1993, the Commonwealth pooled

various funding streams into CSA – including the SSBG funds from which Braddock Crossing (now Sojourn House) had been reimbursed by the local social service agency.

The program annually computes its rates for Room and Board and Combined Residential Services, submits the rates package to the Fairfax-Falls Church Community Policy and Management Team (the oversight body for the local CSA program), and negotiates final rates for the fiscal year. These rates must be entered by the CSB onto the Statewide Fee Directory with all public and private providers of services to youth funded by CSA. In FY 2007, Sojourn House became a Medicaid Level-B Therapeutic Group Home provider and files claims for reimbursement of covered services to DMAS. This was particularly important to accomplish before July 2009 when the 2011 Appropriations Act included a provision that CSA pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child.

At the time that the CSB closed its Oakton Arbor adolescent group home, it transferred the County tax support to its other adolescent group homes, along with staffing resources. Up until FY 2002, there was little or no County tax support in the Braddock Crossing program, and that which was transferred in was barely required until FY 2006. From FY 2006 forward, now Sojourn House required no less than \$150,000 of County tax support annually. This was due in part to transitioning from CSA reimbursement to a combination of CSA and Medicaid reimbursements. It was also due in part to State changes in the local match rate for non-Medicaid and Medicaid residential services for each locality, which affected referrals to and reimbursement of Sojourn House. In FY 2010, each locality's match for CSA residential services to youth in foster care went from 23% to 58% -- hence the emphasis on utilizing Medicaid providers.

Alternatives

- The CSB directly operates 2 youth group home programs: Crossroads Youth for adolescent boys (which has 20 beds but is staffed to serve 10-12) and Sojourn House for adolescent girls. The CSB is the fiscal agent and clinical liaison for the contracted youth residential crisis stabilization program, Leland House.
- If Sojourn House were to close, 8 girls presently in the program would either have to end their treatment or be transitioned to another service. Three of these girls are in foster care.
- Psychiatric hospitalization costs over \$1,000 per day.
- Dominion Hospital does not accept children with a history of aggression/ violence and many of the youth at Sojourn house present with this history.

Shown below are per diem rates of other residential treatment programs:

Poplar Springs Residential Treatment Center – Petersburg

Education	\$120
Room & Board (R&B)	\$179
Therapy Based Services	\$171.50
Total =	\$470.50

Hallmark – Richmond	
Education	\$ 88

Sojourn House:

R&B	\$146.22
Combined Residential Services	\$187.56
Total =	\$333.78

R&B	\$170
Therapy Based Services	\$ 93
Total =	\$351

Riverside – Hampton	
Education	\$130
R&B	\$188.88
Combined Residential Services	\$204.62
Total =	\$523.50

The most current CSA Statewide Fee Directory screen shots for Sojourn House follow.

Virginia.gov Online Services | Commonwealth Sites | Help | Governor

Home > Service Fee Directory > Provider Detail

Service Fee Directory

Provider Information for Sojourn House Last Updated: 04/05/12

Service Provider Name	Sojourn House Fairfax, VA 22030
Web Site	Detailed Provider Information
Email	Randy.Buckland@fairfaxcounty.gov
Admissions Contact	Cathy Lynch
Phone	703-691-1685

Services Offered by Sojourn House

Code	Service (Follow links for more detail)	Description
CT	Counseling/Therapy/Mental Health Services	TREATMENT - Combined Residential Services
RE	Residential Services	ROOM AND BOARD

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YOUTH DAY TREATMENT SERVICES

Description of Service:

The CSB provides Youth Day Treatment Services for youth with serious alcohol, drug, and mental health problems who cannot function in a regular school setting and need the structure of an integrated treatment and school environment during the day. Most of the youth who participate are court-involved. This level of care is designed to keep youth in the community with their families rather than in residential placements. Family therapy is provided.

Day treatment is a more intense level of service than outpatient services and less intense than a residential program. An alternative school is provided. Including school, youth are at the program at least seven hours a day. The length of stay varies from six to twelve months. The availability of day treatment frequently averts the need for more costly residential care.

Approximately 60 youth and their family members (total of 120 persons) benefit from these programs annually.

Challenges:

The CSB is exploring a service model option that trades off geographical 'equity' for efficiencies in running fully utilized programs. This model reduces from four to three the total number of youth day treatment programs, thereby realizing savings from decreased personnel costs.

The proposal is to continue youth day treatment services at the current Falls Church site, close youth day treatment sites at South County and Chantilly, and co-locate structured day treatment programs with licensed clinicians at two schools. These co-located programs are being designed and implemented in collaboration with Fairfax County Public Schools and would serve youth from throughout the county and system. One would be at Quander School in Mount Vernon and the other would be at Cedar Lane School in Vienna. The aim is to provide mental health and substance use day treatment services to youth while accomplishing efficiencies in access, service provision and cost. Each day treatment site will have a proposed capacity of up to 15 youth and will be separate and discrete from current services at these schools.

This significant change could result in added burden to youth who are not engaged in the FCPS and to youth who are primarily accessing services via the juvenile justice system and/or direct community based services. These youth might have to be referred to a higher level of care with a higher per person cost.

Funding:

The FY 2012 combined budgets for youth day treatment programming total \$1.56 million, with 65% of the revenue base from County Tax Support, 14% from State Funds earmarked for Substance Abuse Juvenile Detention services, and the balance (21%) to be generated from family fees, insurance and Medicaid covered adolescent therapeutic day treatment reimbursements.